

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S32492

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	44		↓		↓		↓		↓		↓		↓	
TOTAL DEP.	24		←		←		←		←		←		←	
TOTAL CLAIMS	28		↓		↓		↓		↓		↓		↓	